NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

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Designated Addendum sheet for section V(A)

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Contributions from Single Source	#3					
Single Source Entity's Name: Phys	sician	s' Recip	rocal Insure	ers		
or Single Source Person's Last Nam				First Name:		
Address: 1800 Northern Blvd, PO Box	× 900	7				
City: Roslyn				State: NY	ZIP code:11576	
Phone: (516) 365-6690			1 W W=W W=W W			
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Single Source Entity's Name: Med	dical L	iability	Mutual Ins	urance Company		
or Single Source Person's Last Nam	e:			First Name:		
Address: 2 Park Avenue, Suite 5000				and the same of th		
City: New York				State: NY	ZIP code:10016	
Phone: (212) 576-9800						
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V Source of Funding Disclosure						
B Single Source information for a Cont	ributi	on(s) fr	om multip	ole, Related, or Affiliated Entiti	es.	
Contributions from Single Source #1						
Related or Affiliated Entity or Person: John Math	er Me	morial	Hospital a	t St. Charles		
Entity's or Person's Full Name:		- 10 - 121 MAR		and the second of the second o		
Entity's or Person's Address: 75 N Country	Rd, Po	ort Jeffe	erson, NY	11777		
Entity's or Person's Phone: (631) 473-1320						
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Designated Addendum sheet for section V(B)

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B Single Source information for a Contribu	tion(s) fr	om multip	ole, Related, or Affiliated Entiti	es.	Na Asia
Single Source #3					
Related or Affiliated Entity or Person: New York Hosp	Med Ctr	Qns			
Entity's or Person's Full Name:	2V 2		16 No. 10		2 =
Entity's or Person's Address: 56-45 Main St, De	pt Anest	thesia, Flu	shing, NY 11355		
Entity's or Person's Phone: (718) 670-1380					31 R 18
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Subjects lobbied: Continued on attached pages	Person, State Agency, Municipality or Legislative Body lobbied: O Continued on attached pages
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intendintroduction of legislation or a resolution on whice you lobbied: O Continued on attached pages	Title and Identifying Numbers of procurement contracts/documents lobbied: O Continued on attached pages
Number of Subject Matter of Executive Order of Governor/Municipality lobbled:	Subject Matter of and Tribes involved in tribal-state compacts, etc lobbled:
O Continued on attached pages	O Continued on attached pages
tracean does not sign he/she must duly designate	nistrative Officer. (If the Chief Administrative Officer, for any canother person to sign this Declaration.) (See instructions.) is information contained in this report is true, knowledge and belief.
X SIGNATURE: Challeth Q	DATE: January 15, 2013
PRINT NAME: LAST DEARS	FIRST ELIZABETH
TITLE: Senior Vice President/Chief Legislative Counse	
Mark One: O Chief Administrative Officer	O Designee(Attach Letter)
The following MUST be attached to this You must attach a \$50 dollar filing fee to each se If applicable, a designation letter if you have mar If applicable, continuation sheets for sections III,IV PLEASE NOTE You may be assessed up to \$25	mi-annual report. (No fee is required for amendments to the original) ked designee in section XI. ,V,VI,VII,VIII,IX and X.